

BOSTON INSPECTIONAL SERVICES DEPARTMENT
DIVISION OF HEALTH INSPECTIONS
1010 MASSACHUSETTS AVENUE
BOSTON, MA 02118
(617) 635-5326
FAX (617) 635-5388

MASSAGE/BATH ESTABLISHMENTS

TO OBTAIN THESE LICENSES YOU MUST HAVE THE FOLLOWING:

1. YOU MUST PROVIDE PROOF OF AUTHORITY TO DO BUSINESS IN MA AND ARTICLES OF INCORPORATION OR PARTNERSHIP.
2. TWO (2) PASSPORT SIZE PHOTOGRAPHS (2" X2") MUST BE SUBMITTED WITH THE APPLICATION.
3. COMPLETE A HEALTH DIVISION APPLICATION. APPLICATIONS ARE ACCEPTED MONDAY THROUGH FRIDAY, 8:00 AM – 4:00 PM.
4. HEALTH DIVISION BATH ESTABLISHMENT LICENSE FEE IS \$200.00
5. THERE IS NO FEE FOR A MASSAGE ESTABLISHMENT
6. PROVIDE ZONING CLEARANCE FROM INSPECTIONAL SERVICES

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MASSAGE ESTABLISHMENT _____ BATH ESTABLISHMENT _____

APPLICANT'S FULL NAME: _____ DATE: _____

HOME ADDRESS: _____

NO. STREET

TOWN/CITY

STATE

ZIP CODE

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

NO. STREET

TOWN

STATE

ZIP CODE

IF A CORPORATION OR PARTNERSHIP, PLEASE GIVE NAME, TITLE AND HOME ADDRESS OF OFFICERS, PARTNERSHIPS, STOCKHOLDERS WITH 10% OR MORE OF STOCK.

NAME/TITLE: _____

HOME ADDRESS/PHONE NUMBER: _____

NAME/TITLE: _____

HOME ADDRESS/PHONE NUMBER: _____

NAME/TITLE: _____

HOME ADDRESS/PHONE NUMBER: _____

STATE OF INCORPORATION: _____

PROOF OF AUTHORITY TO DO BUSINESS IN MA SUBMITTED: YES: _____ NO: _____

TAX NUMBER: _____

ARTICLE OF INCORPORATION OR PARTNERSHIP SUBMITTED: YES: _____ NO: _____

ZONING/BUILDING DEPT. APPROVAL: YES: _____ NO: _____

ALL RESIDENTAL ADDRESSES OF APPLICANT FOR THE PAST FIVE (5) YEARS:

AGE: _____ SEX: ____ HEIGHT: _____ WEIGHT: ____ HAIR COLOR: _____ EYE COLOR: _____

TWO (2) PHOTOGRAPHS (2" X2") MUST BE SUBMITTED: YES: _____ NO: _____

FORMER OCCUPATIONS OR MASSAGE OCCUPATIONS OF APPLICANT FOR PAST THREE (3) YEARS:

OCCUPATION

NAME OF BUSINESS AND ADDRESS

LIST ALL CRIMINAL CONVICTIONS, FORFEITURE OF BOND, OR PLEA OF NOLO CONTENDERE, EXCLUDING TRAFFIC, MISDERMEANOR OR INFRACTION VIOLATIONS:

HAVE YOU HAD A LICENSE OR PERMIT TO PRACTICE MASSAGE OR OPERATE A BUSINESS SUSPENDED OR REVOKED BY ANY AGENCY OR BOARD, CITY, COUNT OR STATE?

YES: _____ NO: _____

IF YES, EXPLAIN: _____

I AUTHORIZE AND RELEASE THE DEPARTMENT TO SEEK INFORMATION OR REFERENCES NECESSARY TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION.

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. ANY MISSTATEMENTS IN THIS APPLICATION ARE GROUNDS FOR REFUSING TO ISSUE OR FOR REVOCATION OF ANY LICENSE ISSUED.

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

